

## WIA Complaint Information

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

### Accuser Information

|      |       |          |                              |                              |
|------|-------|----------|------------------------------|------------------------------|
| Name |       |          | Street Address               |                              |
| City | State | Zip Code | Home Phone Number<br>(     ) | Work Phone Number<br>(     ) |

### Accused Information (List the person(s) and agency(s) accused)

|  |  |
|--|--|
| Date of First Event                            | Date of Most Recent Event                      |
| Agency Name                                    | Agency Name                                    |
| Name (or agency contact person)                | Name (or agency contact person)                |
| Address (number, street, city, state zip code) | Address (number, street, city, state zip code) |
| Phone Number                                   | Phone Number                                   |

### Complaint Details

Attach a sheet which tells why you are complaining. Include which WIA laws and rules, grants or other agreements you think have been violated. Include all facts. List all people involved, including legal counsel or other representatives. Tell us if you have filed the complaint with any other government agency. If so, when, where and what happened? Attach copies of earlier decisions and any other facts about your case.

### Complaint Information

|   |  |
|---|--|
| Have you tried to solve your complaint at the local level?  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, when?                                       |  |
| What date did you file, or try to file a <b>written complaint</b> with the accused?    ____ / ____ / ____       |  |
| Have 60 days passed since you filed or tried to file your complaint?    ____ / ____ / ____                      |  |
| Date of final decision, if any:    ____ / ____ / ____   |  |
| Did you receive a final decision in writing?  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, <b>attach</b> a copy of the final decision. |  |

|           |             |
|-----------|-------------|
| Signature | Date Signed |
|-----------|-------------|